

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050303

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3871

FILED JAN 3 1964

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF
1 4002		
2 4000		
3 2		
4 0		
5 1		
6 0		
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9 795.4		
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11		
12 45-3		
13		

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN Lemay	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis County Hospital		d. STREET ADDRESS (If outside, give location) 918 Wachtel Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last Bernard H. Meilink Sr.		4. DATE OF DEATH Month Day Year December 17, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/11/1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery worker		10b. KIND OF BUSINESS OR INDUSTRY Anheuser Busch	9. AGE (last birthday) 49
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Constance Charles Meilink		13b. MOTHER'S MAIDEN NAME Elizabeth Suhl	
14. NAME OF HUSBAND OR WIFE Edna Horn Meilink		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Edna Meilink 918 Wachtel Ave. Lemay, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown natural causes		INTERVAL BETWEEN ONSET AND DEATH Unk	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (History of treatment for obesity and "bad leg", poor circulation)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at DOA County Hosp. 4:21 p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond Hand Coroner		22b. ADDRESS Clayton, Missouri	
22c. DATE SIGNED 12/23/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec. 20, 1963		23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	
23d. LOCATION (City, town, or county) (State) Lemay, Missouri		24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries	
25. DATE RECD. BY LOCAL REG. 12-19-63		26. REGISTRAR'S SIGNATURE John B. Murphy	

7814 So. Broadway St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Dennehy

Licensed Embalmer No.

4194

P. O. Address

St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.